MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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263-025329

Required District No. 25.2 Register's No. 29. Regis	DEPA	RTME	INT O	TE PL	IBLIC	C HEALTH AND WELFARE	IN E ANIMOSO
No. 200 Bank County Pettis 1. PLACE OF BRAIN COUNTY Pettis 2. COUNTY Pettis 3. COUNTY Pettis 5. COUNTY Pettis 5. COUNTY Pettis 6. COUNTY Pettis 6. COUNTY Pettis 7. CO	DO NOT WRITE ON THIS STUB			i		Registration District No. 2052 Registrat's No. 209 STATE FI	
PORT					-¶ <u>-</u> `	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institu	
B. C. LYCY (if contide conjoints limits, give TOWNSHIP only) 1 9 8 9 2 2 7 0 3	· · · · · · · · · · · · · · · · · · ·	딡	١ إ		1_	Pettis Missouri Cooper	
Conditions Farty Constitute Constitu	NEV. 4/ 37	N.	· [,	1 .		b. CITY (If outside corporate limits, give TOWNSHIP only) OR OR	!
Conditions Farty Constitute Constitu	וא מי גו	A	Ι.		1-	DOUGLIA Und WORK CHERKSDUPF	
3 . NAME OF DECASED FIRST Models Last Date Mooth Day Year Observed Compared to the following part of working life, even if retired) 5 . SEX			١ [1	1	HOSPITAL OR ADDRESS	
A CO OCCURATED First Models Last Models Day Year Models Compared Last Models Dearly June 17th. 1967 1988 1989 1989 1989 1989 1989 1989 198	20270	M			_	BOULWELL A 115 Miles North Clarksburg	
A COLOR OR RACE Second Color Co	3		1]]	· [_		
Mail Winstern Windowski String Winstern Windowski Wi	4 -		! ,		1_	Charles Edward Scott DEATH June , 17th.	
Second Conditions, if any, which gave rise to general interest garding cases less. Second Conditions and general garding cases less. Second Conditions and general garding cases less. Second Conditions garding cases less. Second Conditions garding cases less. Second Conditions garding garding cases less. Second Conditions garding garding cases less. Second Conditions garding ga	_	[]	! ,	11:		Widowed Divorced D - /a C /a Months	
during most of working life, even if retired) The part of the p	5 2		١			Ale White 2/10/0/ /0	N OF WHAT COUNTRY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. or unknown) (if yes, give we was of dates of a was for dates of a was formale a	6	હ	ι [,		1	during most of working life, even if retired)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address No. or unknown) (if yes, give we was of dates of a was for dates of a was formale a	7 0	<u> </u>	۱		7.	38. FATHER'S NAME 13. NAME OF HUSBAND OR	R WIFE
Yes, no, or unknown (if yes, give war or daies of a Willie Scott(Son)Bunceton, Missouri Interval setween Interval setw	A - 1		! ' ,		<u></u>	Edward W . Scott Lydia Lehr Effic Scott, De Was Deceased ever in U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 117. INFORMANT	eceased
18. CAUSE OF DEATH (Enter only one cause per DeATH MAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral sclerosis INTERVAL BETWEEN ONSET AND DEATH MAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral sclerosis Conditions, if any, which gave rise to above cause (a), stelling the underty which gave rise to above cause (a), stelling the underty rise to above cause (a), stelling the underty rise to above cause (a). Illinary infection due: to prostatic hypertrophy; typing cause list. Interval per	 -	~	1 ,	1	0	Man and the second 1/15 are a five were set detected at	tsour4
PART I. DEATH WAS CAUSE OF: IMMEDIATE CAUSE (a) Conditions, if any, which pawer lise to above cause .(a). Conditions, if any, which pawer lise to above cause .(a). Conditions, if any, which pawer lise to above cause .(a). IVIDIAN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant list of disease condition given in PART II (a). IVIDIAN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant list of disease condition given in PART II (a). IVIDIAN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant list of disease condition given in PART II (a). IVIDIAN SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant list of the terminal plant list of the terminal plant list of the service list of the terminal plant list of the service list of the terminal plant list of the service list of the terminal plant list of the service list of the s		쀻ㅣㅣ	! ,	-	.	1 18. CAUSE OF DEATH (Enter only one cause per	INTERVAL BETWEEN
Conditions, if any, which gave rise to above cause (el.) stating the understance (el.) stating t	10 1	~ I	! ,	3	١ .	PART I. DEATH WAS CAUSED BY:	CINSEL AND DEATH
Conditions, if any, which gave rise to above cause (el.) stating the understance (el.) stating t	11	ဗ္မ ဝံ	t [,	है	Ĭ	IMMEDIATE CAUSE (8)	1
Wind cause lest stated above, and last saw in alive on the last of Burial 22c. DATE SIGN PLACE OF INJURY (e.g., in or about home, 20f. City, Town, OR Location Country STATE NOT WHILE AT WORK NOT WHILE AT WORK 1962		₩ 5	Ψ,	<u> </u>	`	Conditions, if any, 1 DUE TO (b) Arteriosclerosis general	<u> </u>
Variable Part	12/-0	S S	t [,			which gave rise to above cause (a),	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 de the service of injury in PART II. of deceased was female there a pregnancy in last 90 de pregnancy	, ,	7		+		stating the underlying cause last. fulfold Urinary infection due to prostatic hy	•
NOW WAS AUTOPSY PERFORMED; 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 21d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 22e. Jurian Faith Work 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 22e. Jurian Faith Work 20e. PLACE OF INJURY (- 1			Š	DART III If dece	eased was female wa pragnancy in last 90 days
NOW WAS AUTOPSY PERFORMED; 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 21d. INJURY OCCURRED FAITH WORK 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 22e. Jurian Faith Work 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 22e. Jurian Faith Work 20e. PLACE OF INJURY (l;	S	11	.	ร็		
20d. INJURY OCCURRED WHILE AT WORK □ 21: I attended the deceased from 1962		IDMEN				19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or P. PERFORMED?	PART II of Item 18.)
20d. INJURY OCCURRED WHILE AT WORK □ 21: I attended the deceased from 1962	Z	AMEN			DICAL	20c: TIME OF Hour Month, Day, Year INJURY a.m.	·
22a. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGN 22a. BURIAL, CREMATION, 23b. DATE Burial REMOVAL (Specify) ADDRESS 25c. NAME OF CEMETERY OR CREMATORY 25c. BATE RECD. BY LOCAL REG. 26c. REGISTRAR'S SIGNATURE 27c. DATE SIGN 27c. D	RIBBC				WE	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY	STATE
22a. SIGNATURE (Degree or title) 22b. ABDRESS 22c. DATE SIGN (Degree or title) (Degr	× .	او	.	-	1	1062 - 6-17-63 and let sent alive on 6-17-6	13
22a. SIGNATURE (Degree or title) 22b. ABDRESS 22c. DATE SIGN (Degree or title) (Degr	PE PE	> REA		-	1	21: I arrended the deceased from 22.5 D.M. and the date stated above and to the best of my knowledge, from	
238. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) Removal 6/17/63 6/19/63 Piagah Cometery Removal 6/17/63 6/19/63 Piagah Cometery ADDRESS 236. NAME OF CEMETERY OF CREMATIONY 236. LOCATION (City, 18WI), 51 COMINY (State) 7 Miles East of Bunceton, Mo 24. FUNERAL DIRECTOR ADDRESS 25. BATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE.	USE	HOULE				22a. SIGNATURE (Degree or title)	6-17-63
REMOVAL (Specify) Removal 6/17/63 6/19/63 Piagah Cometery Removal 6/17/63 6/19/63 Piagah Cometery Z Hate Recd. By Local Reg. 26. REGISTRAR'S SIGNATURE. ADDRESS 25. BATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE.	F			1	-	22. RIPIAL CREMATION, 1 230. DATE Thomas 1	(State)
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		Z 5				ROMOVA 1 0/1/103 ADDRESS 25. BATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE.	elen ser
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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT, BY, LICENSED EMBALMER

-о			Signed Licensed Embalmer No. Licensed Embalmer No. 2466		
	er my personal super	vision.			
.Student	Signature of Stude	nt Embalmer			
0-17-43		€0+15+0	- S & L	P. O. Address Plan, Wo	

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.